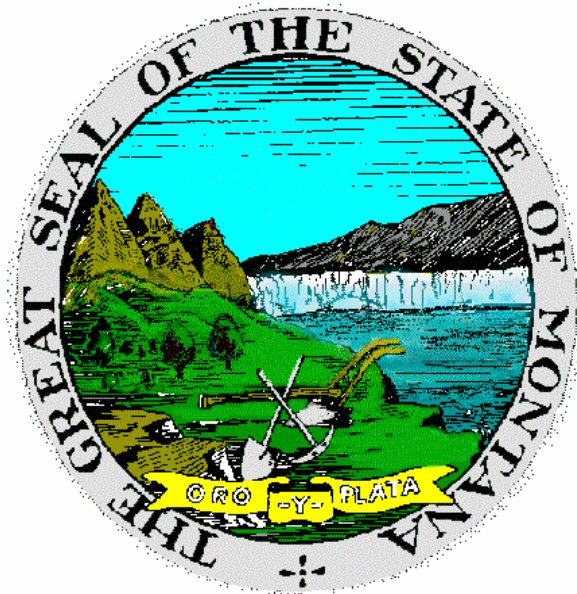


Montana's Individualized Family Service Plan: Instructions and Form

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**Montana Department of Public Health and Human Services
Disabilities Services Division
Developmental Disabilities Program**

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Introduction

The Individualized Family Service Plan (IFSP) is a dynamic process that begins with the first contact with a family. This is the beginning of building a partnership with the family and professionals who will be working with the individual in services. It is important that there is flexibility during the planning process to best meet the needs of the individual and family. The IFSP will change and grow over the lifetime of the individual to reflect the changing needs of the family as well as those of the individual in services. The IFSP can be changed at anytime with parent consent. The IFSP provides a road map for the individual, family and professionals to know what can be expected, what the services are, where they will take place, who will provide the services, and how often.

This handbook was developed to provide Service Coordinators/Family Support Specialists (FSS) with guidance for how to use Montana's Individualized Family Service Plan. The information contained here should insure consistent use of the IFSP from agency to agency and person to person, reduce redundancy and confusion as a FSS completes the IFSP process with a family, and answer the question "what goes on this page or in this box?" The end product should be a flexible and individualized plan for each individual and their family. **[Montana Part C Resources: Part VII Individualized Service Plan** manual includes Montana's evidence based guidelines, Part C IDEA 2004 Statutes and the Part C Federal Regulations (1999) about the IFSP.]

In this handbook and IFSP, "individual" refers to the person who is receiving services. In relationship to the IFSP, the term "parent" means a parent, guardian, a person acting as parent of a child, or surrogate parent who has been appointed in accordance to Component 10. However, the term does not include the State of Montana if the child is a ward of the state. Parent includes persons acting in the place of a parent, such as a grandparent or stepparent with whom the child lives, as well as persons who are legally responsible for the child's welfare.

Decision Making

As the IFSP team, the individual, family and professionals must work together to develop the IFSP. Throughout the IFSP process, family members and service providers work as a team to include the family's concerns and priorities. During this process, the IFSP team will review assessment information, make choices, decide what will happen first, and develop meaningful outcomes. The IFSP team then reaches agreement on the strategies, activities, and services that will result in achievement of the outcomes. To arrive at good decisions regarding the IFSP, the IFSP team should trust and respect each other's expertise and roles.

IFSP Timelines and Procedures

General Procedures for IFSP development, review, and evaluation are:

- The **initial IFSP** must be completed within 45 days of the child's referral/enrollment.
- The IFSP meeting must be conducted in settings and at times that are convenient to the family.

- For families that are not proficient in English, the IFSP meeting must be conducted in their native language or other mode of communication of the family. This may involve use of an interpreter.
- Parents must be given **written prior notice** with reasonable advance notice whenever the agency is proposing to initiate or change eligibility, evaluation, placement or services. Montana is interpreting reasonable as five calendar days.
- The IFSP must be reviewed at least every six months or more frequently if changes are needed or if the family requests a review. The purpose of this **six month review** is to determine the degree of progress made toward achieving the outcomes, whether modifications or revision of the outcomes or services is necessary, and if there is a need to update or review assessment information.
- A meeting must be conducted at least on an annual basis to evaluate the IFSP for an individual and family and, as appropriate, revise its provisions. This **meeting to evaluate the IFSP** must be based on updated assessment information about the individual's development in all five areas (cognitive, physical, communication, social or emotional and adaptive).
- For Part C services there must be a transition plan (outcome) in the IFSP when the child turns two or if a child enters Part C at 27 months or older no matter where the child may be transitioning to (e.g. Part B preschool, daycare, home school, etc). **Please note that there are specific timelines for a child who is potentially eligible for preschool special education services (IDEA Part B). If a parent chooses to opt out of notification or referral for Part B, please include that signed sheet with the IFSP.**
- An IFSP should include a transition outcome and objectives if an individual will be moving from a region or the state and/or there will be changes in a major service(s) .

IFSP Meeting Participants

At a minimum, the **initial and annual must include the following participants:**

- Parent(s), Guardian(s), or Surrogate parent(s);
- The Service Coordinator/FSS that has been designated to be responsible for implementation of the IFSP; and
- A person or persons directly involved in conducting the evaluation and assessment.

It is possible that the FSS may fulfill the roles of service coordinator and person who completed evaluations/assessments.

The following may participate at the **request of the parent(s), guardian(s), or surrogate parent(s)** if it is feasible to do so:

- Other family members;
- Related services personnel(e.g. speech therapist, OT) and representatives from other human services agencies which are working with the individual/family; and
- An advocate or person outside of the family.

For **six month reviews** the minimum participants must include the parent, guardian, or surrogate parent and Service Coordinator/FSS. Additional participants may attend at the request of the parent, guardian, or surrogate parent. An individual can participate in person or by submitting reports, phone, etc.

Completing the IFSP Form

- Montana's statewide IFSP has been formatted to meet the requirements of the IDEA regulations sec. 303.344 and Medicaid waivers under sec. 441.301 to provide services for Part C, FES, CWS, and CAW.
- The form may be completed electronically, or printed out and completed in handwriting.
- Black ink or type font should be used throughout the document.
- If an FSS chooses to use a laptop computer on- site to produce the IFSP or chooses to enter the information to produce a typed version at the office, the family must review and sign the typed version for it to be considered valid.
- If/when errors are made when completing the IFSP for an individual, they must be crossed out with a single line and initialed and dated by the parent, guardian, or surrogate parent. Using whiteout or erasing is not permitted.
- While developing the IFSP if one page of the form is not sufficient to record all the required information, please make a copy of the page. (e.g. objective sheet, services, etc.)

The following pages show each section of the IFSP form and the directions for completing it.

Section I-General Information (IFSP Page 18)

Purpose: *Includes information about the child, family, and Service Coordinator/FSS) This page must be completed as part of the initial and annual IFSP meetings and is also used to update information at the six month reviews if there are changes.*

Process: *The family and the Service Coordinator/FSS record this information to ensure who is receiving services, what service the individual is participating in, and contact information.*

My Name: The individual's legal first, middle and last name as it appears on their Social Security Card and/birth certificate who is in service.

My Birth Date: The month/day/year of the individual's birth.

Sex: Check the one that applies

I am in the following service: Check which service the individual will be participating in.

- Part C- Early Intervention

- General Fund Services
- Children Waiver Service
- Children Autism Waiver

Part C Referral Date: Enter the month/day/year that the child was referred to Part C services (only for children in Part C).

Enrollment Date:

- Enrollment for CWS and CAW- enter the month/date/year from the individual's DD55 waiver form.
- Enrollment for GFS - enter the month/day/year the child entered GFS services.

Eligibility Date: The month/day/year that eligibility was determined for the service covered by this IFSP.

Type of IFSP: One of the following should be selected with the month/day/year:

- **Interim (for Part C)-** There must be an explanation of why an interim plan was needed. Record the month/day/year. [An interim IFSP is developed in the event that an eligible child and the child's family have obvious immediate needs that are identified, even at the time of referral (e.g., a physician recommends that a child with cerebral palsy begin receiving physical therapy as soon as possible), so that early intervention services may commence before the completion of the evaluation and assessment, if the following conditions are met: (1) Parental consent is obtained; (2) An interim IFSP includes the name of the Support Coordinator/FSS who will be responsible for implementation of the interim IFSP and coordination with other agencies and persons; and includes the early intervention services that have been determined to be needed immediately by the child and the child's family; and (3) The evaluation and assessment are completed within the time period required.]
- **Initial-** Is the first (non-interim) IFSP developed by the team, including the family. Record the month/day/year. This is the individual's first full IFSP.
- **Annual-** month/day/year of the completed IFSP. After the Initial IFSP, all subsequent IFSPs after the individual Initial IFSP, even if entering a new DDP service.

IFSP Review:

- **6 month review-** At a minimum, the IFSP must be reviewed within 6 months from the date of the initial IFSP. Record the month/day/year.
- **Annual review-** Requires that a new IFSP form be completed. Each year, the IFSP must be reviewed and evaluated. It is the responsibility of the IFSP team to determine if progress is being made as expected on the outcomes. Record the month/day/year that it is reviewed.
- **Periodic review-** Refers to ANY other review that takes place during the year. Record the month/day/year.

This IFSP includes a transition plan outcome and objectives: Check Yes or No.

Primarily lives with: Check the appropriate one: **Parent(s), Guardian(s), or Surrogate.**

Parent(s)/Guardian(s)/Surrogate?: There are two boxes (Primary and Other) allowing for parent(s), guardian(s), or surrogate parent(s) with separate addresses and contact information. The top box should be used for the person with whom the individual lives with most of the time. The instructions are the same for Primary and Other.

Name: First and last name

Address: Street, route, city, zip code (physical address where child lives)

Mail Address (if different from above): Street, post office box, route, city, zip code

Home phone: Record the home phone number

Work phone: Record the work phone number

Cell Phone: Record the cell phone number

Email: Record the email address

Service Coordinator/FSS: First and last name and a telephone number where the Service Coordinator/FSS can be reached.

Section II- Family Information (IFSP Page 19)

Purpose: *Provides an opportunity to document what the family shared as their hopes, dreams, and concerns for the individual as well as family priorities.*

Process: *The information in this section will be guided by the family and should be addressed during the course of service delivery. The Service Coordinator/FSS must have discussions regarding concerns and priorities with the individual (as appropriate) and family. The information that the family chooses to share is voluntary. Family shares this information for the preparation of the IFSP process to help determine the outcomes; objectives and services needed to meet the family concerns and priorities.*

Concerns of my family about:

Enhancing the development of their child: This area should contain a summary of what the family identified as needs, issues, or problems they want to address about their child's development.

Their capacity to address their concerns about their child and family: This area should contain a summary about the family's need for additional resources and supports (informal and formal) for enhancing the development of their child and family.

Priorities of my family: This area should contain a summary of the family's top priorities.

Note: Although the family's overall strengths and resources may be discussed in completing this section, specific strengths and resources will be addressed for each of the outcomes.

Section III- Health Information (IFSP Page 20)

Purpose: *To record medical/health information about the individual that may be pertinent to the individual's development and development of the outcomes, objectives and services.*

Process: *The family and the Service Coordinator/FSS should have a conversation about why the information requested on this page will be useful to IFSP team members and others providing services to the individual. This information for the preparation of the IFSP process is used to help determine the outcomes and objectives needed to meet the family's concerns, priorities, and resources.*

Diagnosis: Record the individual's diagnosis if they have an established condition (developmental disability) and/or medical condition.

Height: Record number in inches (in)/feet (ft)

Weight: Record number in ounces (oz)/pounds (lbs)

Dental: Record Month/day/year last seen by a dentist and brief summary of results.

Physical Exam: Record Month/day/year of last physical exam and brief summary of results.

Immunizations: Check the appropriate status.

Medications: Record any prescript medicine(s) the individual is taking.

Other: Any other health information important for the team to know (e.g. allergies).

Section IV- Developmental Information (IFSP Page 21)

Purpose: *To record the individual's current levels of development, for the purpose of program planning as well as provide ongoing assessment. Individuals who are eligible for services shall receive ongoing assessments that provide additional information for the purpose of indentifying strengths and needs as well as appropriate services. Statement of the individual's present level of development serves as the link between the assessment(s) and most recent family reports and observation(s).*

Process: *The family and the Service Coordinator/FSS must have a conversation before the assessment begins about the family's preferred role, modifications, and adaptations that should be made, and how to encourage the individual's best performance. This information for the preparation of the IFSP process is used to help determine the outcomes and objectives needed to meet the family concerns and priorities.*

Evaluation/Assessment: Record the name of each evaluation/ assessment tool completed to evaluate the five developmental areas- cognition, communication, social/emotional, adaptive and physical (including gross motor, fine motor).

Date(s) of Evaluation/Assessment: Record month/day/year the assessment was used to gather the information.

Approximate Development Level: Record what the approximate developmental level is for the individual according to the result(s) from the evaluation/assessment tool. The developmental level can take various forms but should be stated in terms relevant to the tool(s) used (e.g., approximate age level, per cent of development in comparison to same-aged peers, standard deviations).

Statement of Present Level of Development: Is to be based on a variety of strategies and tools including review of previous records, parent reports, evaluations and assessment tools, and observation of the individual in natural environments. A comprehensive statement should include these strategies and be described in terms of functional skills and behaviors (e.g., Part C's early childhood outcomes.)

Physical Developmental Status:

Vision: Record the date of the screening/evaluation month/day/year and a statement of present status.

Hearing: Record the date of the screening/evaluation month/day/year and a statement of present status.

[**Note:** An individual may not need annual evaluation for vision and hearing every year, but an informal screening to detect any changes is recommended.]

Health: Record the date of the evaluation month/day/year and a statement of present overall health status.

Additional Assessment Components (as appropriate):

Behavioral, Recreational Community, and Vocational Statement of present level: Is to be based on a variety of strategies and tools including review of previous records, family reports, evaluations and assessment tools, and observation of the individual in natural environments.

More Information about Me:

My strengths, interests, and abilities: Record what the individual's strengths are that the individual/family identifies/what interests the individual and what the individual is able to do.

Concerns and priorities of other IFSP team members: Record what the other team members feel are concerns and priorities (other than the family) related to the individual's needs.

Section V. Outcome (IFSP Page 23)

Purpose: *Given the IFSP team's concerns and priorities, outcome statements identify the measurable results that are expected for the individual and family. Outcomes may include pre-*

literacy and language skills, as developmentally appropriate for the infants, toddlers, and young children. In addition the outcomes need to include criteria, procedures and timelines used to determine the degree of progress of achieving the outcomes and whether modification or revisions of the results of the measures or outcomes are necessary. Outcomes should be functional and fit into the contexts of their everyday routines, activities, and environments. Generally outcomes should be designed to be completed in six months or more.

Process: *The entire IFSP team (including family) participates in completing this step of the IFSP. The IFSP team's concerns and priorities are used to develop the outcomes for the IFSP.*

Outcome #_____: Place the sequential number of the outcome on the line. Then in the space provided, record the description of the desired results of the outcome for the individual or family. Each subsequent outcome should be numbered consecutively.

[Note: There should only be one outcome per page. The outcome number remains the same until the outcome is met.]

My family strengths and resources for this outcome: Record the family's skills, abilities, and resources that could assist the individual/family in reaching the outcome. This includes formal and informal supports/resources.

We will know when we reach our outcome when we see: This statement should be measurable and include enough detail so the IFSP team, including the family, will know when the outcome has been achieved.

Date of IFSP Six Month Review: Record the month/day/year for when the six month review is completed. Purpose of a six month review is to determine the degree to which progress toward achieving the outcomes is being made and whether modification or revision of the outcome(s), outcome's objectives, service(s), or other information.

Parent/Guardian/Surrogate Initials: Must initial that the review/meeting took place.

Describe Progress of Outcome: Record the degree to which progress toward achieving the outcomes is/was being made.

Status of Outcome: Check the one that applies to the outcome's status:

Rate the individual/family's satisfaction level with the process to reach this outcome:
Have the individual/ family check what their satisfaction level was for the process used to reach outcome.

Rate the individual/family's satisfaction level with the amount of progress toward achieving this outcome: Have the individual/family check their satisfaction level for how much progress is being made toward achieving the outcome.

Comment(s)/Modification(s): If appropriate, record why an outcome is ongoing, modified, or discontinued.

Date of IFSP Annual Review: Record the month/day/year of review. Purpose of an annual review is to determine if the outcome has been achieved or the degree of progress toward achieving the outcome, and whether there is a need to modify the outcome, outcome objectives, or/and service(s).

Parent/Guardian/Surrogate Initials: Must initial that the review/meeting took place.

Describe Progress of Outcome: Record the progress that has been made towards reaching the desired outcome.

Status of Outcome: Check the one that applies to the outcome's status.

Rate the individual/family's satisfaction level with the process to reach this outcome:
Have the individual/family check what their satisfaction level was for the process to reach outcome.

Rate the individual/family's satisfaction level with the impact of achieving this outcome:
Have the individual/family check their satisfaction level for the impact of the outcome.

Comment(s)/Modification(s): If appropriate, record why an outcome is ongoing, modified, or discontinued.

Section VI-Objectives/Action Steps: (IFSP Page 25)

Purpose: *To identify strategies that will address the outcome.*

Process: *The IFSP team identifies the objectives/action steps that will be implemented to reach the outcome.*

Number (#): For each Objectives/Actions Steps, in the top cell, record the consecutive number of the outcome and of the objective. As example, for Outcome #1 the first objective would be recorded 1 – 1 and the second objective for Outcome #1 would be 1 – 2 and for Outcome #2 the first objective would be recorded 2 – 1 and the second objective for Outcome #2 would be 2 – 2.

Type: Record in the second cell (under the consecutive numbering of objectives) whether it is a child focused (cf), family focused (ff), resource/support (rs), or family support coordination (fcs) objective/action step.

Objective/Action Steps: Record the measurable method(s), procedure(s) activities that will be used to reach the outcome.

Person Responsible: Record the name of the person(s) responsible for carrying out the objective(s)/action step(s) to achieve the outcome. Family member(s) may be identified as person(s) responsible.

Expected Start Date: Record the **anticipated** month/day/year this objective/action step should start.

Actual Start Date: Record the month/day/year the objective/action step **actually** started.

Expected Completed Date: Record the **anticipated** month/day/year the objective/action step may be completed.

Actual Completion Date: Record the **actual** month/day/year the objective/action step was completed.

Status/Date: Record the status of the objective (completed, continued, dropped, modified) and record the date of the review/action.

Section VII Transition Outcome: (IFSP Page 26)

Purpose: *To help the individual/family prepare for a transition. This is a chance for the individual/family and IFSP team to assess what new skills and behaviors may be needed and to determine the supports, services and action steps that the individual and family will need to have a smooth transition.*

Process: *The family and the Service Coordinator/FSS begin discussions about transition process, time lines for the transition, and to where/what services (Part B preschool, adult services, etc.). Initial conversations focus on sharing information about the process itself, similarities and differences between services and identifying the family's questions and priorities for the transition. This process will result in a single transition outcome and multiple transition objectives/action steps. [The **Montana Guidance: Children Transitioning From IDEA Part C to IDEA Part B** manual provides specific details concerning Part C to Part B IDEA transitions.]*

Outcome #_____: Place the sequential number of the outcome on the line. Then in the space provided, record the description of the desired results of what the individual or family accomplishes. Each subsequent outcome should be numbered consecutively per page.

[Note: There should only be one outcome per page. The outcome number remains the same until the outcome is met.]

My family strengths and resources for this outcome: Record the family's skills, abilities, and resources (individual and community resources) that could assist the individual/family in reaching the outcome. This includes formal and informal supports/resources.

We will know when we reach our outcome when we see: This statement should be measurable and include enough detail so the IFSP team, including family, will know when the outcome has been achieved.

Date of IFSP Six Month Review: Record the month/day/year for when the six month review is completed. Purpose of a six month review is to determine the degree to which progress toward

achieving the outcomes is being made and whether there is a need to modify the outcome, outcome objectives, and/or service(s).

Parent/Guardian/Surrogate Initials: Must initial that the review /meeting took place.

Describe Progress of Outcome: Record the degree to which progress toward achieving the outcomes is/was being made.

Status of Outcome: Check the one that applies to the outcome's status,

Rate the individual/family's satisfaction level with the process to reach this outcome:

Have the individual/ family check what their satisfaction level was for the process to reach outcome.

Rate the individual/family's satisfaction level with the amount of progress toward

achieving this outcome: Have the individual/family check their satisfaction level for how much progress is being made toward achieving the outcome.

Comment(s)/Modification(s): If appropriate, record why an outcome is ongoing, modified, or discontinued.

Status of Outcome: Check the one that applies to the outcome's status.

Date of IFSP Annual Review: Record the month/day/year of review. Purpose of an annual review is to determine if the outcome has been achieved or the degree to which progress toward achieving the outcome(s) and whether modification or revision of the outcome(s), outcome's objectives, service(s), or other information.

Parent/Guardian/Surrogate Initials: Must initial that the review/meeting took place.

Describe Progress of Outcome: Record the progress that has been made towards reaching the desired outcome.

Status of Outcome: Check the one that applies to the outcome's status.

Rate the individual/family's satisfaction level with the process to reach this outcome:

Have the individual /family check what their satisfaction level was for the process to reach outcome.

Rate the individual/family's satisfaction level with the impact of achieving this outcome:

Have the individual/family check their satisfaction level for the impact of the outcome.

Comment(s)/Modification(s): If appropriate, record why an outcome is ongoing modified or discontinued.

Section VIII-Transition Objectives/Action Steps: (IFSP Page 28)

Purpose: *To identify strategies and timelines that will meet transition requirements.*

Process: *The IFSP team identifies steps to help the individual /family have a smooth transition; including the development of new skills and behaviors.*

Number (#): For each Objectives/Actions Steps, in the top cell, record the consecutive number outcome and of the objective. As example, for Outcome #1 the first objective would be recorded 1 – 1 and the second objective for Outcome #1 would be 1 – 2 and for Outcome #2 the first objective would be recorded 2 – 1 and the second objective for Outcome #2 would be 2 – 2.

Type: Record in the second cell (under the consecutive numbering of objectives) whether it is a child focused (cf), family focused (ff), resource/support (rs), or family support coordination (fcs) objective/action step.

Objective/Action Steps: Record the measurable method(s), procedure(s) activities that will be used to reach the outcome.

Person Responsible: Record the name of the person(s) responsible for carrying out the objective(s)/action step(s) to achieve the outcome. Family member(s) may be identified as person(s) responsible.

Expected Start Date: Record the **anticipated** month/day/year this objective/action step should start.

Actual Start Date: Record the month/day/year the objective/action step **actually** started.

Expected Completed Date: Record the **anticipated** month/day/year the objective/action step may be completed.

Actual Completion Date: Record the **actual** month/day/year the objective/action step was completed.

Status/Date: Record the status of the objective (completed, continued, dropped, modified) and record the date of the review/action.

Section IX – Services (IFSP Page 29)

Purpose: *The purpose is to clearly identify the services which will be utilized by the family in support of meeting the IFSP outcomes. (The decision to provide a service or support cannot be based solely upon factors such as: nature or severity of disability, age of individual, availability of services, administrative convenience, family preference, payment source, or service provider preference).*

Process: *The IFSP team makes decisions concerning services to be provided in natural environments, whenever possible, to achieve the IFSP outcomes. The team must consider who can provide the supports needed by the individual/ family and how the support will be provided (i.e., consultation, group or individual bases), how often (frequency, intensity, and duration) and natural environments/location.*

Intervention Services

For Part C early intervention services designed to enhance the child's development and include: family training, counseling and home visits; special instruction; speech-language pathology and audiology services, and sign language and cued language services; occupational therapy; physical therapy; psychological services; medical services for diagnostic or evaluation purposes; early, identification, screening, and assessment service; health services necessary to enable the child to benefit from other early intervention services; social work services; vision services; assistive technology devices and assistive technology services; and transportation and related cost that are necessary to enable the child and the child's family to receive any of the above early intervention services.

Services: Individually record each service that is needed to achieve the outcomes/objectives identified on the IFSP (one service per line).

Provider, agency, or person: Record the name of the provider, agency or person that will be providing the service and the discipline (e.g. FSS, OT, PT, etc).

Frequency (number of times per week, month or year): Record the number of times the service will be provided per week, month or year (e.g. 2x a month or 4x a year).

Intensity (length of session) Record the length of time (e.g., number of minutes or hours) that the service will be given per session.

Duration of Services: When (date) each service is expected to start and finish.

- Start- record the expected month/ year of the start date.
- End- record the expected month/ year for end date.

Natural Environment/Location: Record the actual place or places where the service will be provided. Natural environment includes the home and community settings where same age peers without disabilities participate. * Primary place of service where the individual primarily receives services.

Other settings that are not natural environment are places where services are provided to only children/individuals with disabilities or is a place where the service is just for the child/individual and is not their home. These settings include, but are not limited to, where services are provided in a residential facility, clinic (e.g., PT, OT,) and center/classes for only individuals with disabilities. [Note: clinic (e.g., PT, OT) are different then what is used on the child count data.]

Method of delivery: Record whether the service will be provided on a **consultation, group, or individual** bases. Consultation is when the primary focus of the service is providing information and developing strategies with a caregiver (and perhaps another team member).

Funding: Identify the source(s) of payment for each service (e.g. private insurance, Medicaid, Part C, etc.).

Justification for Intervention Services Not provided in Natural Environments

Service: List all the intervention services that will not be provided in the natural environment.

Justification: Provide an explanation of why the service(s) cannot be provided in a natural environment. The statement needs to include how the IFSP team made that decision and what the IFSP team will do to move service(s) and support(s) to natural environment and when.

Medical and Other Services

For Part C the "other services" of this section are services that a child or family needs, but that are neither required nor covered under Part C. While listing the non-required services in the IFSP does not mean that those services must be provided, their identification can be helpful to both the child's family and the Service Coordinator/FSS. The IFSP should provide a comprehensive picture of the child's total service needs (including the need for medical and health services, as well as early intervention services). Thus, to the extent appropriate, it is important to consider and address other needs of the child, and of the family related to enhancing the development of the child, such as medical, health needs and other social services.

Service: List the service.

Who: List the provider, agency or person/profession that will provide the service.

When: List the time period for the service.

Where: Note where the service will be provided (e.g., Doctors office).

How: List the method for providing the service: consultation, group or individual bases.

Funding: List the source(s) for paying for the service.

X Section Signature Page (IFSP Page 31)

Purpose: *Serves as a record of the person(s) who participated at the IFSP meeting either by being present or by providing information via a report or some other means. This helps the team identify IFSP team members who are not present but are going to assist in the implementation of the IFSP.*

Process: *This page is completed by the parent(s), guardian(s), and surrogate parent(s), Service Coordinator/FSS, and other IFSP team members at the finalization of the written plan.*

IFSP Team Members

Print Name (role/discipline): Print the first and last name of the individual who participated by either being present or by providing information via a report or some other means. Include under the names the role or discipline of the person (e.g., grandmother, OT, FSS, sibling.)

Signature: The signature is for those who participated in person at the meeting and is not required for those who were not present.

Date: Record the month/day/year the IFSP was completed.

Method of participation: Record whether the person(s) were physically at the meeting or participated by phone call, report (e.g., an OT provides a report for the IFSP meeting) or other method.

Agency/individual's phone number: Record the phone number, e-mail, etc.

Others I would like to have a copy of the IFSP sent to: Record who the individual/family identified as needing to receive a copy(s) of the IFSP.

Consent

The content of this Individualized Family Service Plan (IFSP) was explained to my family and me: The parent(s), guardian(s), surrogate parent(s), and individual, when appropriate, should initial this statement at the finalization of the IFSP.

I participated fully in the development of this Individualized Family Service Plan (IFSP): The parent(s), guardian(s), surrogate parent(s) and individual, when appropriate) should initial this statement at the finalization of the IFSP.

I give consent for this IFSP and the services identified within the IFSP to be carried out as written: The parent(s), guardian(s), surrogate parent(s), and individual, when appropriate, should initial this statement at the finalization of the IFSP.

I do not consent for all of the services and/or related outcomes to be carried out as written: The parent(s), guardian(s), surrogate parent(s), and individual, when appropriate, should initial this statement at the finalization of the IFSP.

However I do give consent for the following service(s) to begin: Record which services the individual/family agrees to have implemented.

Parent/Guardian/Surrogate Signature: Should sign and date at the finalization of the IFSP.

Individual Signature: The individual, when appropriate, should sign and date at the finalization of the IFSP.

Section XI- State Approval of IFSP for Waiver (IFSP Page 32)

This is for the Quality Improvement Specialist to sign and date they have approved the plan.

INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

SECTION I - GENERAL INFORMATION		
My name is:	My Birth Date: ____/____/____	Sex: ____ Male ____ Female
I am in the following service: ____ Part C ____ General Fund Service ____ Children's Waiver Service ____ Children's Autism Waiver		
Part C Referral Date: ____/____/____	Enrollment Date: ____/____/____	Eligibility Date: ____/____/____
Date and Type of IFSP:		
____/____/____ Interim Plan -Because: _____		
____/____/____ Initial Plan		
____/____/____ Annual Plan		
This IFSP includes a Transition Outcome: ____ Yes ____ No		
IFSP Reviews:		
____/____/____ Six month review		
____/____/____ Annual review		
____/____/____ Periodic review (additional) ____/____/____ ---- ____/____/____		

Primarily lives with: ____ Parents ____ Guardians ____ Surrogates Name: _____ Address: _____ Mail Address (if different from above): _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____	
Other (if different from above) ____ Parents ____ Guardians ____ Surrogates Name: _____ Address: _____ Mail Address (if different from above): _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____	
Service Coordinator (FSS): _____ Phone: _____ Service Coordinator (FSS): _____ Phone: _____	

SECTION II - FAMILY INFORMATION	
Concerns of my family about:	

Enhancing the development of their child:
Their capacity to address their concerns about their child and family:
Priorities of my family:
[Note: Family strengths and resources are listed for each Outcome.]

SECTION III - HEALTH INFORMATION		
Diagnosis:	Height:	Weight:
Physical Exam and Date:		
Dental Exam and Date:		
Immunizations: ___ Current ___ Delay in scheduling shots ___ Family Chooses not to have immunizations		

Medications:
Other:

SECTION IV - DEVELOPMENTAL INFORMATION			
Developmental Assessment Results and Status			
Developmental Area	Evaluation/Assessment	Date	Approximate Developmental Level
Cognition (academic)			
Statement of Present Level of Development:			
Communication (expressive and receptive)			
Statement of Present Level of Development:			
Social/Emotional			
Statement of Present Level of Development:			

Adaptive (self help)			
Statement of Present Level of Development:			
<u>Physical</u>			
Gross motor			
Fine motor			
Statement of Present Level of Development:			
Physical Developmental Status	Date of Evaluation/ Screening	Statement of Present Status	
Vision			
Hearing			
Health			
Additional Assessment Components (as appropriate)			
Component	Statement of Present Level		
Behavioral			
Recreational			
Community			
Vocational			

More Information About Me
My strengths, interests and abilities:
Concerns and priorities of other IFSP team members:

SECTION V - OUTCOME # _____	
Outcome:	
My family strengths and resources for this outcome:	
We will know we achieved this outcome when:	
Date of IFSP Six Month Review: ____/____/____	Parent/Guardian/Surrogate Initials: _____
Describe Progress of Outcome:	Status of Outcome:

	<input type="checkbox"/> Outcome Achieved <input type="checkbox"/> Continue Outcome <input type="checkbox"/> Modify Outcome <input type="checkbox"/> Discontinue Outcome
Rate the individual's/family's satisfaction with the process to achieve the outcome: <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Very Satisfied	
Rate the individual's/family's satisfaction with the amount of progress toward achieving the outcome: <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Very Satisfied	
Comment(s)/modifications:	
Date of IFSP Annual Review: ____/____/____	Parent/Guardian/Surrogate Initials: _____
Describe Progress of Outcome:	Status of Outcome:
	<input type="checkbox"/> Outcome Achieved <input type="checkbox"/> Continue Outcome <input type="checkbox"/> Modify Outcome <input type="checkbox"/> Discontinue Outcome
Rate the individual's/family's satisfaction with the process to achieve the outcome: <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Very Satisfied	

Rate the individual's/family's satisfaction with the impact of achieving the outcome: ____ Dissatisfied ____ Satisfied ____ Very Satisfied
Comment(s)/modifications:

SECTION VI - OBJECTIVES/ACTION STEPS					
Number	Objectives/Action Steps	Person Responsible	Expected Start Date	Expected Completion Date	Status/Date
Type			Actual Start Date	Actual Completion Date	

--	--	--	--	--	--

SECTION VII - TRANSITION OUTCOME # _____	
Outcome:	
My family strengths and resources for this outcome:	
We will know we achieved this outcome when:	
Date of IFSP Six Month Review: ____/____/____	Parent/Guardian/Surrogate Initials: _____
Describe Progress of Outcome:	Status of Outcome:

	<input type="checkbox"/> Outcome Achieved <input type="checkbox"/> Continue Outcome <input type="checkbox"/> Modify Outcome <input type="checkbox"/> Discontinue Outcome
Rate the individual's/family's satisfaction with the process to achieve the outcome: <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Very Satisfied	
Rate the individual's/family's satisfaction with the amount of progress toward achieving the outcome: <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Very Satisfied	
Comment(s)/modifications:	
Date of IFSP Annual Review: ____/____/____	Parent/Guardian/Surrogate Initials: _____
Describe Progress of Outcome:	Status of Outcome:
	<input type="checkbox"/> Outcome Achieved <input type="checkbox"/> Continue Outcome <input type="checkbox"/> Modify Outcome <input type="checkbox"/> Discontinue Outcome
Rate the individual's/family's satisfaction with the process to achieve the outcome: <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Very Satisfied	

Rate the individual's/family's satisfaction with the impact of achieving the outcome: ____ Dissatisfied ____ Satisfied ____ Very Satisfied
Comment(s)/modifications:

SECTION VIII - TRANSITION OBJECTIVES/ACTION STEPS					
Number	Objectives/Action Steps	Person Responsible	Expected Start Date	Expected Completion Date	Status/Date
Type			Actual Start Date	Actual Completion Date	

SECTION IX - SERVICES								
Intervention Services								
Services	Provider	Frequency [times per wk, mon, or yr]	Intensity [amount of time per session]	Duration [start and end dates]		Natural Environment/ Location [where services are provided]	Method of Delivery [consultation, group or individual]	Funding Source
				Start	End			

Justification for Intervention Services Not Provided in Natural Environments								
Service	Justification							

Medical and Other Services					
Service	Who	When	Where	How	Funding Source

ECTION X - SIGNATURE PAGE				
IFSP Team Members				
Name (print) and Role/Discipline	Signature	Date	Method of Participation	Agency/Contact Information

Other I/We would like a copy of the IFSP sent to:

Parent(s), Guardian(s), Surrogate Consent

_____ The content of the IFSP was explained to my family and me.

_____ I/We participated fully in the development of this IFSP.

_____ I/We give consent for this IFSP to be carried out as written.

_____ I/We **do not** give consent for all the services and/or related outcomes in this IFSP to be carried out as written.

_____ However, I/We do give consent to the following service(s) in this IFSP to begin:

Parent/Guardian/Surrogate Signature: _____ Date: ____/____/____

Parent/Guardian/Surrogate Signature: _____ Date: ____/____/____

Individual's Signature: _____ Date: ____/____/____

SECTION XI - STATE APPROVAL FOR WAIVER SERVICES (ONLY FOR WAIVER SERVICES, NOT PART C)

State Developmental Disabilities Program approval that the IFSP is:

_____ Person-centered;

_____ The Individual and/or Family was involved in the IFSP development;

_____ The IFSP was developed based on formal and informal assessments and addresses the needs, objectives, outcomes, health and risk factors, and preferences of the Individual and their Family;

_____ In addition, all services listed on the cost plan for the Individual are identified in this IFSP/plan of care.

Quality Improvement Specialist Signature: _____ **Date:** ____/____/____